

Commander's Referral Program

ARMY EMERGENCY RELIEF
USAG RED CLOUD
AER DOCUMENTS & PROCESS
TELEPHONE DSN: 730-3107/ 3089/ 3142
OFFICE HOURS: MONDAY – FRIDAY 0800-1630

The immediate Company/ Battery/ Troop Commander or First Sergeant is the approving authority for a Commander's Referral. Leaders operating in the mentioned categories who are not familiar with the Commander's Referral Program are asked to contact the USAG Red Cloud AER Officer at: 730-3142/3089 with any questions.

Documents:

1. _____ AER Form 600 (Request for AER assistance under the Commander's Referral Program). Complete numbers 1-10 on form. Instructions for completing AER Form 600 is attached.
2. _____ AER Form 57R (Budget Sheet) completed and signed.
3. _____ Military ID Card
4. _____ Leave and Earning Statement (most current end of month).

PROCESS

- _____ First see your Chain of Command. (**Active Duty Personnel only**)
- _____ Go to local AER section with completed packet.
- _____ You will be interviewed (screened) by an AER Officer.
- _____ Each case is evaluated on its own individual merit and each case differs.

COMMANDER'S REFERRAL PROGRAM Application For Army Emergency Relief (AER) Financial Assistance		1. Section Number	2. Rank
4. Soldier's Name (Last, First, MI)		3. SSN or AER Client ID #	
		5. ETS Date	
6. Unit	6a. Soldier's Home or Permanent Mailing Address, Phone # and Email		
7. Bankruptcy Filed or Pending?		Are you currently in Bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what Chapter? ____ Do you intend to file Bankruptcy within the next six months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Reason Why Assistance is Needed (Be complete and specific. If more space is needed, continue on separate sheet)			
8a. Dependents for Whom You Furnish More Than One-Half Support (ID Card Holder):			
Name	Age	Relationship	
8b. List Your Specific Emergency Financial Needs:		\$	
		\$	
		\$	
Total		\$	
9. Applicant's Certification			
I hereby authorize the Department of the Army to supply any requested information contained in my official Army personnel and pay files in connection with this assistance. I authorize the Department of the Army, or any agency, to supply my latest home address, and/or official military address to AER whenever requested. I further understand that AER is an independent private entity, not part of the U.S. Government. This application form, therefore, is not subject to the Privacy Act (5 U.S.C. 552a). Information provided on this application, in some cases, will be provided by AER to the Army in order to determine eligibility for and administration of financial assistance. I certify the information provided on this application is complete, true and correct.			
9a. Signature of Applicant			9b. Date
10. Unit Commander or First Sergeant			
10a. Soldier <input type="checkbox"/> is or <input type="checkbox"/> is not Pending Elimination from the Army.			
10b. Request Is: <input type="checkbox"/> Approved.			
<input type="checkbox"/> Disapproved. Soldier has been informed of reason(s) why this request was disapproved.			
10c. Requested Amount \$ _____ (Maximum \$1,000)		10d. Approved Amount \$ _____	
10e. Name/Rank of CDR/1SG, Signature, Phone #, and Email			10f. Date
11. AER Officer Review of the Application			
11a. <input type="checkbox"/> I have performed the required administrative review and Soldier is eligible for AER Assistance under Commander's Referral.			
11b. <input type="checkbox"/> I have performed the required administrative review and Soldier is not eligible for AER Assistance under Commander's Referral Program due to _____.			
<input type="checkbox"/> Soldier's application is being returned to Unit Commander <input type="checkbox"/> Soldier's request is being processed as a routine AER case per Unit Commander.			
11c. Name of AERO		Signature	
		11d. Date	

ARMY EMERGENCY RELIEF (AER) BUDGET PLANNING SHEET

NAME:

DATE:

MONTHLY EXPENDITURES		AMOUNT	MONTHLY INCOME		AMOUNT		
1	Food		VA Pension/DIC (circle one)				
2	Rent or Mortgage Payment (circle one)(include taxes & insurance)		Social Security (SS) (your own)				
3a	UTILITIES Electricity		SS (total amount for children)				
3b	Heat - Gas/Oil/Coal (circle one)		Supplemental Security Income (SSI) or SS Disability Income (circle one)				
3c	Telephone		Survivor Benefit Plan (SBP) or RSFPP (circle one)				
4	Household Supplies		Insurance Annuity				
5	Clothing		Earnings				
6	Incidentals (personal needs, dry cleaning, etc.)		Help from Family Members				
7	Dental & Medical Care, medication (show insurance in #10)		Income from: a. Investments				
8	Transportation: Work, school, etc., (show car payment in #13a)		b. Food Stamps				
9	Recreation (church, social or community activities)		c. Other (specify) (do not include AER assistance)				
10a	INSURANCE (monthly) Life/Burial (circle one)		TOTAL MONTHLY INCOME				
10b	Health		Assets: a. Investments/Savings/CD				
10c	Car		b. Real Estate				
11	Other Expenses (specify)		c. Other (specify)				
12	Total Monthly debt payments from #13b		<div style="border: 1px solid black; padding: 10px; min-height: 100px;"> Signature of Applicant </div>				
TOTAL MONTHLY EXPENDITURES							
TOTAL MONTHLY INCOME							
BALANCE (Plus or Minus)							
			NAME/ORGANIZATION/TITLE OF PERSON OTHER THAN APPLICANT COMPLETING THIS FORM				
13a INDEBTEDNESS							
CREDITOR	DATE INCURRED	ORIGINAL PURCHASE	PURPOSE	AMOUNT MONTHLY PAYMENT	DATE LAST PAYMENT	BALANCE DUE	DATE VERIFIED

(Continue indebtedness on reverse if necessary)

TOTALS: 13b

13c